

PTO/SB/21 (10-07)

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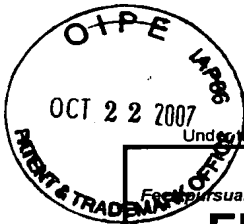
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/643,581 - Conf. #3956
		Filing Date	August 19, 2003
		First Named Inventor	Laurie H. GLIMCHER
		Art Unit	1633
		Examiner Name	Q. J. Li
Total Number of Pages in This Submission		Attorney Docket Number	HUI-0041DV

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Notice of Appeal Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Megan E. Williams		
Date	October 22, 2007	Reg. No.	43,270

Express Mail Label No. EV 957671250 US

Dated: October 22, 2007



<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	10/643,581 - Conf. #3956		
		Filing Date	August 19, 2003		
		First Named Inventor	Laurie H. GLIMCHER		
		Examiner Name	Q. J. Li		
TOTAL AMOUNT OF PAYMENT		(\$)	1,560.00	Attorney Docket No.	HUI-0041DV

<b>METHOD OF PAYMENT</b> (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080		*Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>Filing Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Search Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Examination Fees</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
- =		x	=		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50 =	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,050.00	
1401 Notice of appeal						510.00	

<b>SUBMITTED BY</b>					
Signature		Registration No. (Attorney/Agent)	43,270	Telephone	(617) 994-0761
Name (Print/Type)	Megan E. Williams	Date	October 22, 2007		